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(Re	equestor's Name)	.
(Ad	ldress)	
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, (Ci	ty/State/Zip/Phone	- 40
(CII	ty/State/Zip/Prione	= # _}
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

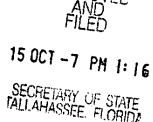
TO:	Registration S Division of C					
		-				
SUBJ	ECT: Bella's W	ood Design, LLC			·	
		(Name	of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to cocordance with s. 605.10	
Please	e return all corr	espondence concernin	g this matter to:			
Arturo	Perez					
		(Contact Person)				
		(Firm/Company)				
1947 C	Gregory Rd					
		(Address)				
Orland	o FL 32825					
	(1	City, State and Zip Code)				
arturo(@bellaswooddesig	n.com				
E-n	nail Address: (to b	e used for future annual re	port notifications)			
For fu	rther informati	on concerning this ma	tter, please call:			
Arturo	Perez		_at (588-5	5731	
	(Name of Conta	nct Person)	(Area Code)	(Day	ytime Telephone Number)	
Enclo	sed is a check t	for the following amou	ent:			
(\$25 fo & \$125	0.00 Filing Fees r Conversion for Articles unization)	\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
	ET ADDRES	S:			ADDRESS:	
_	tration Section on of Corporat	ione	Registra		Section Corporations	
	on of Corporat n Building	IOHS	P. O. Be			
	Executive Cent	er Circle	Tallaha	2000	FL 32314	

Tallahassee, FL 32301

Articles of Conversion For

"Other Business Entity"

Florida Limited Liability Company



The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: Bella's Wood Design, INC PO6-8748
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a Corporation.
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
01/19/2006 (Enter state, or if a non-U.S. entity, the name of the country)
(date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Bella's Wood Design, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date: The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Page 1 of 2

5. The plan of conversion has been approved in accordance with all applicable statutes.

Signed this 29 day of 09	20 15	APPA _AI
Signature of Authorized Representative of Limi		FIL
		15 OCT -7
Signature of Authorized Representative: Printed Name: Antono Penez	_ Title: _President	SECRETARY PALLAHASSE
Signature(s) on behalf of Other Business Entity:	See below for required sign	nature(s)]
Signature:		
Signature: Printed Name: ANSUND PENEZ	Title: Thesideur.	
Signature:		<u></u>
Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Title:	
Signature:		
Signature:Printed Name:	Title:	
Signature:	,	
Printed Name:	Title:	**************************************
If Florida Corporation:		
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Inc		
,		
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ty Partnersnip:	
If Florida Limited Partnership or Limited Liability Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
All others: Signature of an authorized person.		
Fees:		
Articles of Conversion:	\$25.00	
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy: Certificate of Status:	\$30.00 (Optional) \$5.00 (Optional)	
warraneme or somewiff	Trio (Opioimi)	

PM 1:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILIZATIOMPANY

	FILED
ARTICLE I - Name: The name of the Limited Liability Co	ompany is: 15 OCT -7 PM 1: 16
Bella's Wood Design, LLC	SECRETARY OF STATE TALLAHASSEE, FLORIDA
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street addre	ss of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
1947 Gregory Rd	1947 Gregory Rd

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Orlando FL 32835

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Orlando FL 32835

Alejandra Viojo	
Na	ame
12250 Menta Street 203D	
Florida street address (I	P.O. Box NOT acceptable)
Orlando	FL 32837
City	7in

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Algent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Company:		
<u>Title:</u>	Name and Address:	15 OCT -7 PH 1:1
"AMBR" = Authorized Member		SECRETARY OF STATE TALLAHASSEE, FLORID
"MGR" = Manager AMBR	ARTURO PEREZ	MULAHASSEE, FI, ORID
AWDK	1947 Gregory Rd	
	Orlando FL 32835	
(Use attachment if necessary) CLE V: Effective date, if other than effective date is listed, the date multiple of filing.)		
LE V: Effective date, if other than	st be specific and cannot be more et the applicable statutory filing requirer	e than five business day
CLE V: Effective date, if other than effective date is listed, the date muld days after the date of filing.) the date inserted in this block does not me t's effective date on the Department of Sta	st be specific and cannot be more et the applicable statutory filing requirer	e than five business day
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